

S. No. 2
4-13-40
5-17-39
I. X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25689

State File No. _____

FILED AUG 20 1942 791

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 6728

1. PLACE OF DEATH:
(a) County _____
(b) City or town Saint Louis, Missouri.
(c) Name of hospital or institution: St. Johns Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

3. (a) PRINT FULL NAME John J. Boyer.
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. Single.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased August 20th, 1901.
(Month) (Day) (Year)

8. AGE: Years 40 Months 11 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern

11. Industry or business _____

MOTHER FATHER { 12. Name Alex. Boyer
13. Birthplace Unknown Missouri.
14. Maiden name Unknown
15. Birthplace Unknown Missouri.
(City, town, or county) (State or foreign country)

16. (a) Informant Otto Nasem
(b) Address 4602 Quincy

17. (a) Burial (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter & Paul Ch.

18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.

19. (a) AUG 10 1942 (b) J. J. Buddeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri. (b) County 17
(c) City or town Saint Louis, 92
(If outside city or town limits, write "RURAL")
(d) Street No. 4602 Quincy Street.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month August day 8th.
year 1942. hour 11 minute 15 P. M.

21. I hereby certify that I attended the deceased from July 1, 1942
19 8-8-42 to 8-8-42, 19 42
that I last saw him alive on 8-8-42, 19 42
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of sigmoid
General metastatic
Due to _____
Due to _____
Other conditions H/O
(Include pregnancy within 3 months of death)

Duration 1 year
2 mo
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

Major findings: metastatic
Of operations Prospy skin nodule
shows Carcinoma
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
23. Signature Wm J Hammond (M. D. or other) M. D.
Address 630 N Grand Date signed 8/9/42

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

W E Morris

Licensed Embalmer No.....

3360

P.O. Address.....

2623 Cherokee

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.